SAMHSA National Consumer and Consumer Supporter
Technical Assistance (TA) Centers
Required Indicators

SAMHSA's Center for Mental Health Services (CMHS) developed six indicators to collect performance data on the National Consumer and Consumer Supporter TA Centers Grantees' Infrastructure Development, Prevention, and Mental Health Promotion (IPP) activities. CMHS requires National Consumer and Consumer Supporter TA Centers grantees to collect and submit data on a *quarterly* basis. The six indicators are Workforce Development (WD2 and WD3), Policy Development (PD1), Financing (F1), Organizational Change (OC1), and Accountability (A5). We developed this "cheat sheet" to help grantees classify and submit indicator data results. The guide is organized into three sections:

- ➢ Overview of data reporting requirements and deadlines
- ➢ Operational definitions and data entry guidelines for the six required indicators
- ➢ How to access help, tips, and resources

General Overview: Grantees must comply with three data submission components:

1) **Quarterly Data:** Grantees submit data quarterly for each indicator based on the federal fiscal year (FFY) calendar. As a new grantee, submission will begin the second quarter. After grantees submit data, the government project officer (GPO) will review the data and approve, disapprove, or request revisions.

2) **Annual Goals:** Grantees submit annual performance goals for each indicator for each grant year. Based on the original, approved application, goals should be realistic and attainable. Grantees can update and revise their goals annually during the first quarter of each new FFY.

3) **Annual Budget Estimates:** For each grant year, grantees submit budget estimates for specific budget categories. These are estimates, not actual expenditures. Grantees can also update and revise budget estimates annually during the first quarter of each new FFY.

Infrastructure Development, Prevention, and Mental Health Promotion (IPP) Indicators: Program-specific Guidance
National Consumer and Consumer Supporter TA Centers

Table 1. Quarterly Reporting Period and Deadlines for Submitting Indicator Data

Quarter	Quarterly Reporting Period	Grantee Deadline to Submit Data	GPO Review Deadline	Grantee Deadline to Revise Data	System-Lock Date*
1st	October 1–December 31	January 31	February 28	March 31	April 1
2nd	January 1–March 31	April 30	May 31	June 30	July 1
3rd	April 1–June 30	July 31	August 30	September 30	October 1
4th	July 1–September 30	October 31	November 30	December 31	January 1

* No further data entry, GPO reviews, or grantee revisions allowed.

Submission Requirements: Grantees submit data quarterly for each indicator based on the FFY calendar, which runs from October 1 through September 30. For new grantees, data submission begins in the second quarter, January 1–March 31. After grantees submit data, the GPO will review and approve, disapprove, or request revisions. Grantees have until midnight of the grantee revision deadline (see "Grantee Deadline to Revise Data" column in Table 1) to submit final data revisions. Following the deadline, the data system locks for that particular quarter and does not allow any additional data entry or revisions.

Required Indicators: Tables 2 through 7 outline operational definitions and data entry guidelines for the six required indicators:

➢ Workforce Development (WD2 and WD3)
➢ Policy Development (PD1)
➢ Financing (F1)
➢ Organizational Change (OC1)
➢ Accountability (A5)

Each table explains the intent of the particular indicator, provides definitions of key terms related to the indicator, describes who or what grantees can count or not count, and gives useful examples.

Table 2. IPP Indicator: Workforce Development (WD2)

WD2 is the **number of people** in the mental health and related workforce trained in specific mental health-related practices or activities that are consistent with the goals of the grant.

Intent & Key Terms	Who To Count	Guidelines for Entering Data
Intent: To capture information on improvements in the workforce in addressing mental health issues that are consistent with the goals of the grant. **Key Terms:** **Mental health-related** pertains to mental health or the population of people with or at risk of mental health condition(s); also includes people with co-occurring substance use disorders. **Mental health workforce** includes people providing mental health prevention, treatment, rehabilitation, or recovery services. **Related workforce** includes people providing ancillary support services to people who have—or are at risk for developing—mental health condition(s). **Related Workforce Examples:** ▪ Employment service providers ▪ Primary care providers ▪ School personnel ▪ Child welfare staff ▪ Supported housing staff ▪ Criminal or juvenile justice personnel **Trained workforce members** are people	**Count** people who are mental health personnel or involved in the mental health related-workforce who attended workforce development trainings conducted because of the CMHS grant. Include people being trained to become part of the workforce. **Do not count** people who are not part of the mental health workforce. For example, **do not count**: ▪ landlords ▪ bus drivers ▪ friends ▪ employers ▪ roommates ▪ family members **Do not count** the number of trainings.	On the **Result Form**, enter the following information in the quarter when the workforce received and completed training: **Result Name:** Enter the name/title of the training provided. **Result Description:** Enter a one to three sentence description of 1) who was trained, 2) type of training provided, and 3) type of skills learned. **Result Number:** Enter the total number of participants in the mental health workforce trained. Count the number of workers who complete the training, not the number of trainings. **Example:** **Result Name:** The Power of Peers: Peer Support and the Evolution of the Peer Provider Workforce **Result Description:** 30 people at a community mental health agency—including mental health case managers, peer support workers, and psychologists—attended a three-hour training overview highlighting the benefits of employing peer support workers.

who were trained using a process guided by a curriculum (i.e., syllabus, agenda, training manual), within a structured time frame, and with an identified trainer or training method.		**Result Number:** 30

Table 3. IPP Indicator: Workforce Development (WD3)

Infrastructure Development, Prevention, and Mental Health Promotion (IPP) Indicators: Program-specific Guidance
National Consumer and Consumer Supporter TA Centers

WD3 is the **number of people** newly credentialed or certified to provide mental health-related practices or activities.

Intent & Key Terms	Who To Count	Guidelines for Entering Data
Intent: To capture information on the number of people newly credentialed or certified who provide specific mental health-related practices or activities consistent with the goals of the grant. **Key Terms:** **Credentialed or certified** includes licenses or certified trainings that provide qualifications for mental health-related practices or activities; often a test must be passed. **Mental health-related** pertains to mental health or the population of people with or at risk of mental health condition(s); also includes people with co-occurring substance use disorders. **Practices and activities** include treatment, rehabilitation, prevention, mental health-related promotion, and supportive services. **Examples:** ▪ Evidence-based practices ▪ Consumer-operated services (family driven and/or youth guided services) ▪ Culturally specific practices ▪ Suicide prevention programs ▪ Rural telehealth programs ▪ Anti-stigma campaigns	**Count** the number of people who received a new credential or certification during the quarter. **Only count** completed credentials or certifications. **You may count** people who, while not receiving a formal credential or certification after attending a training, afterwards meet a workforce requirement which enables them to do something that they weren't able to before attending the training (e.g., provide services that are billable to Medicaid).	On the **Result Form,** enter the following information in the quarter when the people were newly credentialed or certified: **Result Name:** Enter the name/title of the credential or certification. **Result Description:** Enter a two to three sentence description on 1) who was credentialed or certified and 2) the type of credential or certification. **Result Number:** Enter the total number of people newly credentialed or certified, not the number of credentials or certifications. **Example 1:** **Result Name:** Peer support specialist **Result Description:** Three people completed a six-month training this quarter and each received certifications as peer support specialists. **Result Number:** 3 **Example 2:** **Result Name:** Peer support worker **Result Description:** Five people employed by a community behavioral health agency completed a peer support

		worker training and now meet the agency's requirements to provide rehabilitation services that are billable to Medicaid. **Result Number:** 5

Table 4. IPP Indicator: Policy Development (PD1)

PD1 is the **number of policy changes** completed as a result of the grant.

Intent & Key Terms	What To Count	Guidelines for Entering Data
Intent: To report all policy changes that have been completed as a result of the grant. **Key Terms:** **Policy** is a written document directing an action or event; administrative or legislative in origin. **Examples:** ▪ Directives ▪ Guidance ▪ Clinical practice guidelines ▪ Regulations ▪ Statutes ▪ Operational manuals ▪ Procedures ▪ Bylaws ▪ Strategic plans ▪ Mission statements ▪ Written decisions ▪ Standards Financing policies are excluded. **Change** is the creation of a policy that did not previously exist, the documentation of a policy that existed in an undocumented form, or the elimination or alteration of a policy that previously existed and had already been documented.	**Count** the policy change only once and only when the change has been completed. If the change has not yet been fully implemented, but the policy has been completed and approved, you may **count** the policy change. **Do not count** the policy change if discussions have only begun about the policy.	On the **Result Form,** enter the following information in the quarter when the policy change was completed: **Result Name:** Enter the name or type of policy change. **Result Description:** Enter a description of 1) the organizations and 2) the completed policy change. **Result Number:** Enter one policy change per result record. **Example 1:** **Result Name:** Statute – state passed law **Result Description:** The county put a policy in place that all community centers must implement a national suicide plan. **Result Number:** 1 **Example 2:** **Result Name:** Police mental health assessment policy **Result Description:** Our organization worked with the Orange County police department to implement a policy change that ensures that people are no longer handcuffed when they are taken for a mental health assessment, either during

Completed means that the document exists in its final form and has been approved or passed by the party or parties with authority to do so.		transport or during the assessment. **Result Number:** 1

Table 5. IPP Indicator: Financing (F1)

F1 is the **amount of additional funding** obtained for specific mental health-related practices or activities.		
Intent & Key Terms	**What To Report**	**Guidelines for Entering Data**
Intent: To capture information on the amount of additional funding received in this quarter that will be used for mental health-related practices or activities and that is a direct result of the grant. **Key Terms:** **Amount of funding** pertains to the amount of funding for mental health-related practices or activities acquired during this quarter as a result of the grant. **Mental health-related** pertains to mental health or the population of people with or at risk of mental health condition(s); also includes people with co-occurring substance use disorders. **Practices and activities** include treatment, rehabilitation, prevention, mental health-related promotion, and supportive services. **Examples:** ▪ Evidence-based practices ▪ Consumer-operated services (family driven or youth guided services) ▪ Culturally specific practices ▪ Suicide prevention programs ▪ Rural telehealth programs ▪ Anti-stigma campaigns	**Report** the amount of additional funding obtained for mental health-related practices or activities in this quarter. Do not report this funding in subsequent quarters, even if the activity supported by this funding occurs in those quarters. **Only report** additional funding that is a direct result of the grant.	On the **Result Form,** enter the *result name, result description,* and data on the line titled "amount of funding." **Result Name:** Enter the activity for which the funding was received. **Result Description:** Enter a description of 1) the name or source of the additional funding, 2) the amount of additional funding obtained, and 3) the practice or activity that it will be used to support. **Amount of Funding:** Enter the total amount of additional funding during the quarter in which it was obtained. **Example:** **Result Name:** New permanent funding **Result Description:** The Technical Assistance Center's (TAC) year-long efforts to educate state lawmakers about the benefits of hiring peers resulted in the state legislature allocating $3 million to hire peer support specialists in community mental health centers throughout the state. This is a new pilot program that is expected to become a permanent funding base if determined outcomes are met. **Amount of Funding:** $3,000,000

Table 6. IPP Indicator: Organizational Change (OC1)

> OC1 is the **number of organizational changes** made to support improvement of mental health-related practices or activities that are consistent with the goals of the grant.

Intent & Key Terms	What To Count	Guidelines for Entering Data
Intent: To capture information on organizational changes made to support improvement of mental health-related practices or activities consistent with the goals of the grant. **Key Terms:** **Organizations** include state, local, and tribal agencies; bureaus; departments; or other major entities providing mental health and related services. An **organizational change** is something that is created, eliminated, or altered within or between organizations. **Examples:** ▪ Creation, expansion, integration, or elimination of offices, divisions, or departments ▪ Creation or elimination of one or more position(s) ▪ Creation of a new reporting structure ▪ Permanent changes to major responsibilities for existing offices, divisions, and departments ▪ Permanent changes in staff composition (e.g., substantial hiring of youth/family members or substantial	**Count** the number of organizational changes that were completed during the quarter. **Do not count** changes in the planning stages. Enter one organizational change per result record.	On the **Result Form,** enter the following information in the quarter when you completed the organizational change: **Result Name:** Enter the name/type of organizational change. **Result Description:** Enter a description of 1) the organizational change and 2) how the change will improve practices/activities. **Result Number:** Enter the number "1" for each organizational change. **Example:** **Result Name:** Creation of new peer specialists positions **Result Description:** Through the work of the TAC, a community mental health agency created three new peer specialist positions, comprising 25 percent of their total staff this quarter (three out of every 12 staff is targeted for peer specialist positions). **Result Number:** 1

increases in racial/ethnic/cultural diversity of staff)

Improvement is to bring into a more desirable condition consistent with grant program goals.

Mental health-related pertains to mental health or the population of people with or at risk of mental health condition(s); also includes people with co-occurring substance use disorders.

Practices and activities include treatment, rehabilitation, prevention, mental health-related promotion, and supportive services.

Table 7. IPP Indicator: Accountability (A5)

A5 is the **number of consumers or family members** that hold positions in consumer or family organizations and who are involved in ongoing mental health-related planning and advocacy activities as a result of the grant.

Intent & Key Terms	Who To Count	Guidelines for Entering Data
Intent: To capture information on the total number of consumers or family members that hold positions in consumer or family organizations and who are involved in mental health-related planning and advocacy activities as a result of the grant. **Key Terms:** **Consumers** are people who currently receive mental health services, have received mental health services in the past, or are eligible to receive mental health services but choose not to. **Family members** may be members of a consumer's immediate or extended family, family networks, or "adopted" family members (for example, *familismo* in Hispanic culture). Family members also may be friends, co-workers, or neighbors, or non-family caregivers of a child or youth. **Organizations** include state, local, and tribal agencies; bureaus; departments; or other major entities providing mental health and related services. **Mental health-related** pertains to	**Count** the total number of consumers or family members who are serving in a mental health-related position per quarter as a result of the grant. **Do not count** the number of organizations or advocacy activities. If one consumer or family member represents two organizations, **count** that person once. Positions can be paid or unpaid.	On the **Result Form,** enter the following information: **Result Name:** Enter the name or type of consumer or family organization. **Result Description:** Enter a two to three sentence description of 1) the consumers or family members serving in a position in the organization, 2) their role in the organization, and 3) the organization's objective or goals. **Result Number:** Enter the total number of consumers/family members. **Example:** **Result Name:** Stakeholder Advisory Council **Result Description:** The team formed an advisory council this quarter that is composed of four consumers in the program, three family members of consumers in the program, and five service providers in the community. The goal of the advisory council is to provide guidance in planning, provide a forum to hear and address consumer grievances, and to make recommendations to the community. **Result Number:** 7

mental health or the population of people with or at risk of mental health condition(s); also includes people with co-occurring substance use disorders. **Planning and advocacy activities** involve actively supporting or advocating for mental health activities. Examples include administrative, legal, advocacy, and legislative activities related to protecting the rights of people with mental health conditions.		

Reporting Tips for Success

➢ Report quarterly data only for *completed* activities and trainings in the quarter when they were completed. Do not enter information on activities that are *in progress*.

➢ If you have no activities to report for a particular indicator, you must report that there has been **No New Result.**

QUESTIONS?

➢ If you need further support to understand the operational definitions of your required indicators or to set annual goals and budget estimates, **contact your GPO**.